

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 6/20/2018Operator Project No: 18-215

OFFICE USE ONLY

Date Rec'd:

Check No:

Postmark Date:

Paid By:

Notification No:

Amount: \$

Type of Notification:

☐ Original☒

R-1

Revision (Highlight Changes)

☐

Cancellation

Type of Operation:

☐

Demolition

☐

Ordered Demolition

☒

Renovation

☐

Emergency Renovation

Facility Owner:

Name: Logan County Board of EducationAddress: 506 Holly AvenueCity: LoganState: WVZip: 25601Contact: Rhonda JusticePhone: 304-792-2044

Facility Description:

Name: Logan High SchoolAddress: One Wildcat WayCounty: LoganBuilding Size (Sq. Ft.): 8000+Present Use: SchoolCity: LoganLocation Within Facility: 2 ClassroomsNumber of Floors: 2+Age: 30+Prior use: School

Asbestos Contractor:

Name: Astar Abatement, Inc.Address: PO Box 13533City: SissonvilleState: WVZip: 25360Contact: Roger PrittAsbestos Contractor Lic. #: AC002602Phone: 304-343-5950 x 113

Other Contractor:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Phone: _____

WV Contractor Lic. #: _____

Building Inspection:

Inspection Date: Presumed

Asbestos Inspection By: _____

Lab: _____

Procedure Used to Detect Presence of Asbestos: _____

Is Asbestos Present at 1% or Greater: ☒ YES ☐ NOProject Designer: Donald MorrisAir Monitor: Triad Environmental

WV License #: _____

Analysis By: _____

WV License #: AD003901WV License #: See Attached

Schedule:

Asbestos Removal:

Start: 6/25/2018Completion: 7/2/2018

Demo/Renovation:

Start: _____

Completion: _____

Abatement Work Hours:

7:AM - 5:30 PMWork Days: M TU W TH F SA SU

Demo Work Hours:

Work Days: M TU W TH F SA SU

RECEIVED
JUN 26 2018
Pesticides & Asbestos Programs
and Enforcement Branch (SLC62)
EPA Region III

Emergency Renovation:Date & Hour of Sudden Unexpected Event: N/A

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:Agency: N/A

Name: _____

Title: _____

Date of Order: _____

Date Order to Begin: _____

(Copy of order **must** be attached.)**Types of ACM:**

Asbestos Containing Material To Be Removed:

Type(s): Asbestos Ceiling Plaster/Tile

Pipes (Ln. Ft.): _____ % Asbestos: _____

Area (Sq. Ft.): 1,895 % Asbestos: >1%

Other (Cu. Ft.): _____ % Asbestos: _____

Cat. I & II Non-friable ACM NOT To Be Removed:

Type(s): _____

Pipes (Ln. Ft.): _____ % Asbestos: _____

Area (Sq. Ft.): _____ % Asbestos: _____

Other (Cu. Ft.): _____ % Asbestos: _____

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached**Dispose of ACM at an EPA approved asbestos landfill**

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.**Waste Transporter:**Name: Dependable Roll-offAddress: PO Box 1343City: Ashland State: KYZip: 41105Contact: Linda StricklandPhone: 800 649 0982**Waste Disposal Site:**Name: Green Valley EnvironmentalID #: 045-00012Address: 100 Addington RoadCity: Ashland State: KYZip: 41102Contact: PattyPhone: 606-928-0239**Certification:**

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt/ [Signature] (CW) Date: 6/20/2018Name and Title (Print or Type): Roger Pritt/ President

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 6/20/2018

Operator Project No: 18-218

OFFICE USE ONLY

Date Rec'd:

Check No:

Postmark Date:

Paid By:

Notification No:

Amount: \$

Type of Notification:

☐ Original

☒

R-1

Revision (Highlight Changes)

☐

Cancellation

Type of Operation:

☒

Demolition

☐

Ordered Demolition

☐

Renovation

☐

Emergency Renovation

Facility Owner:

Name: Marshall Health

Address: 1600 Medical Center Drive

City: Huntington

State: WV

Zip: 25701

Contact: Rusty Dobbins

Phone: 304-691-4680

Facility Description:

Name: Vacant Residential Structure

Address: 1403 10th Avenue

County: Cabell

Building Size (Sq. Ft.): 2100

Present Use: Vacant

City: Huntington

Location Within Facility: Room 12 & Windows

Number of Floors: 2

Age: 70

Prior use:

Residence

Asbestos Contractor:

Name: Astar Abatement, Inc.

Address: PO Box 13533

City: Sissonville

State: WV

Zip: 25360

Contact: Roger Pritt

Asbestos Contractor Lic. #: AC002602

Phone: 304-343-5950 x 113

Other Contractor:

Name: Danny Sullivan Excavating

Address: 801 Lane Street

City: Coal Grove

State: OH

Zip: 45638

Contact: Danny Sullivan

WV Contractor Lic. #: WV032072

Phone: 740-534-8482

Building Inspection:

Inspection Date: 5/22/2018

Asbestos Inspection By: Jackie Slate Jr.

Lab: CEI- Eurofins

Procedure Used to Detect Presence of Asbestos: PLM

Is Asbestos Present at 1% or Greater: ☒ YES ☐ NO

Project Designer: Donald Morris

Air Monitor: N/A

WV License #: AI009368

Analysis By: Yvette Nkunde-Bose

WV License #: AD003901

WV License #:

Schedule:

Asbestos Removal: Start: 6/19/2018

Completion: 6/20/2018

Demo/Renovation: Start: 6/21/2018

Completion: 7/21/2018

Abatement Work Hours: 7:AM - 5:30 PM

Work Days: M T U W TH F SA SU

Demo Work Hours: 7am-5pm

Work Days: M T U W TH F SA SU

Emergency Renovation:Date & Hour of Sudden Unexpected Event: N/A

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:Agency: N/A

Name: _____ Title: _____

Date of Order: _____

Date Order to Begin: _____

(Copy of order **must** be attached.)**Types of ACM:**

Asbestos Containing Material To Be Removed:

Type(s): Window Caulking/Glazing/Floor Tile

Pipes (Ln. Ft.): _____ % Asbestos: _____

Area (Sq. Ft.): 506 % Asbestos: 2-5%

Other (Cu. Ft.): _____ % Asbestos: _____

Cat. I & II Non-friable ACM NOT To Be Removed:

Type(s): _____

Pipes (Ln. Ft.): _____ % Asbestos: _____

Area (Sq. Ft.): _____ % Asbestos: _____

Other (Cu. Ft.): _____ % Asbestos: _____

Description of Planned Demolition or Renovation Work and Method(s) to be used:

OSHA Class II procedures including critical barriers, barricade tape and wet methods.

Description of Procedures to be used to Comply with NESHAP (40CFR61 Subpart M):

Wet removal techniques, double bag ACM in pre-labeled asbestos bags with generator label attached**Dispose of ACM at an EPA approved asbestos landfill**

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized or reduced to powder:

Stop all activities, Notify the Owner, and establish proper removal methods.**Waste Transporter:**Name: Dependable Roll-offAddress: PO Box 1343City: Ashland State: KYZip: 41105Contact: Linda StricklandPhone: 800 649 0982**Waste Disposal Site:**Name: Green Valley EnvironmentalID #: 045-00012Address: 100 Addington RoadCity: Ashland State: KYZip: 41102Contact: PattyPhone: 606-928-0239**Certification:**

I certify that an individual trained in the provisions of 40CFR61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: Roger Pritt/ (CW)Date: 6/20/2018Name and Title (Print or Type): Roger Pritt/ President

West Virginia



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date: 6/20/2018Operator Project No: 18-221

OFFICE USE ONLY

Date Rec'd:
Postmark Date:
Notification No:Check No:
Paid By:
Amount: \$

Type of Notification:

☐ Original☒

R-1

Revision (Highlight Changes)

☐

Cancellation

Type of Operation:

☒

Demolition

☐

Ordered Demolition

☐

Renovation

☐

Pesticide Emergency Response and Enforcement Branch (SLC62)

Facility Owner:

Name: West Virginia State UniversityAddress: PO Box 1000City: InstituteState: WVZip: 25112Contact: Marvin SmithPhone: 304-766-3181

Facility Description:

Name: Vacant Residential StructureAddress: 120 Brown StreetCounty: KanawhaBuilding Size (Sq. Ft.): 1500Present Use: VacantCity: InstituteLocation Within Facility: Room 3 & exteriorNumber of Floors: 1Age: 50+

Prior use:

Residence

Asbestos Contractor:

Name: Astar Abatement, Inc.Address: PO Box 13533City: SissonvilleState: WVZip: 25360Contact: Roger PrittAsbestos Contractor Lic. #: AC002602Phone: 304-343-5950 x 113

Other Contractor:

Name:

WV Contractor Lic. #:

Address:

City:

State:

Zip:

Contact:

Phone:

Building Inspection:

Inspection Date: 11/20/2015Asbestos Inspection By: Jackie Slate Jr.Lab: CEI LabsProcedure Used to Detect Presence of Asbestos: PLMIs Asbestos Present at 1% or Greater: ☒ YES ☐ NOProject Designer: Donald MorrisAir Monitor: N/AWV License #: AI008379Analysis By: Taylor MetcalfWV License #: AD003901

WV License #:

Schedule:

Asbestos Removal:

Start: 6/19/2018Completion: 6/20/2018

Demo/Renovation:

Start:

Completion:

Abatement Work Hours:

7:AM - 5:30 PM

Work Days:

M T U W T H F SA SU

Demo Work Hours:

Work Days:

M T U W T H F SA SU

Emergency Renovation:Date & Hour of Sudden Unexpected Event: N/A

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:Agency: N/A

Name: _____

Title: _____

Date of Order: _____

Date Order to Begin: _____

(Copy of order **must** be attached.)**Types of ACM:**

Asbestos Containing Material To Be Removed:

Type(s): Transite/Window Cauling/Linoleum

Pipes (Ln. Ft.): _____ % Asbestos: _____

Area (Sq. Ft.): 2,616 % Asbestos: 2-25%

Other (Cu. Ft.): _____ % Asbestos: _____

Cat. I & II Non-friable ACM NOT To Be Removed:

Type(s): _____

Pipes (Ln. Ft.): _____ % Asbestos: _____

Area (Sq. Ft.): _____ % Asbestos: _____

Other (Cu. Ft.): _____ % Asbestos: _____

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Signature of Owner/Operator: Roger Pritt/EPW (CW) Date: 6/20/2018Name and Title (Print or Type): Roger Pritt/ President

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PO Box 13533
Sissonville, WV 25360

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US Environmental Protection Agency
Region III
Attn: Asbestos Coordinator (3WC32)
1650 Arch Street
Philadelphia, PA 19103-2029

19103-208799


